

Jail



Diversion.

Creating
Alternatives
for
Persons
with
Mental
Illnesses



Why diversion from jail?

■ Approximately 685,000 inmates with serious mental illnesses are admitted to U.S. jails each year.

■ Some individuals with mental illnesses must be held in jail because of the seriousness of the offense they commit, and they should receive mental health treatment within the jail. However, many individuals with mental illnesses who have been arrested for less serious, non-violent crimes could be diverted from jail to community-based mental health programs.

■ People who receive appropriate mental health treatment in the community usually have a better long-term prognosis and less chance of returning to jail for a similar offense.

■ When individuals with mental illnesses can be appropriately diverted from the criminal justice system, it helps promote smooth jail operations.



What does "diversion" mean?

■ The term "diversion" has been used to describe a wide variety of policies and procedures. In general, diversion is thought of as a specific program through which some type of mental health intervention places people with mental illnesses in the community instead of keeping them in jail.

■ Individuals with mental illnesses may be identified for diversion from the criminal justice system at any point, including *pre-booking* interventions (before formal charges are

brought) and *post-booking* interventions (after the individual has been arrested and jailed).

■ Pre-booking diversion occurs at the point of contact with law enforcement officers and relies heavily on effective interactions between police and community mental health services. Most diversion efforts in the United States are post-booking programs, which can take place upon arraignment in the courts or in the jail.

■ A post-booking diversion program at either the arraignment court or the jail is one that *screens* individuals potentially eligible for diversion for the presence of mental illnesses; *evaluates* their eligibility for diversion; *negotiates* with prosecutors, defense attorneys, community-based mental health providers, and the courts to produce a disposition outside the jail in lieu of prosecution or as a condition of a reduction in charges (whether or not a formal conviction occurs); and *links* individuals to the array of community-based services they require.



What are the key factors for effective post-booking diversion programs?

■ **Integrating all the services** individuals need at the community level including corrections, the courts, mental health care, substance abuse treatment, and social services (such as housing and entitlements), with a high level of cooperation among all parties.

■ **Regular meetings** among the key players to encourage coordination of services and sharing of information. Meetings should begin in the early stages of planning and implementing the diversion program, and should continue regularly.

■ **Liaisons** to bridge the barriers between the mental health and criminal justice systems and to manage the interactions between corrections, mental health, and judicial staff. These individuals need to have the trust and recognition of key players from each of the systems to be able to effectively coordinate the diversion effort.

■ **A strong leader** with good communication skills and an understanding of the systems involved and the informal networks needed to put the necessary pieces in place.

■ **Early identification** of detainees with mental health treatment needs who meet the diversion program's criteria. This is done through the initial screening and evaluation that takes place in the arraignment court or at the jail. It is important to have aggressive case finding so that people with mental illnesses are screened in the first 24 to 48 hours of detention.

■ **Case managers** who have experience in both the mental health and criminal justice systems and who are culturally and racially similar to the clients they serve. An effective case management program is one of the most important components of successful diversion. Such a program features a high level of contact between clients and case managers, in places where clients live and work, to insure that clients won't get "lost" along the way.



Summary

The best diversion programs see detainees as citizens of the community who require a broad array of services, including mental health care, substance abuse treatment, housing, and social services. They recognize that some individuals come into contact with the criminal justice system as a result of fragmented services, the nature of their illnesses, and the lack of social supports and other

resources. They know that people should not be detained in jail simply because they are mentally ill. Only through diversion programs that fix this fragmentation by integrating an array of mental health, substance abuse and other support services, including case management and housing, can the unproductive cycle of decompensation, disturbance, and arrest be broken.

The National GAINS Center for People with Co-Occurring Disorders in the Justice System is a national center for the collection and dissemination of information about effective mental health and substance abuse services for people with co-occurring disorders who come in contact with the justice system. The GAINS Center is a partnership of the Substance Abuse and Mental Health Services Administration's two centers – the Center for Substance Abuse Treatment (CSAT) and the Center for Mental Health Services (CMHS) – and the National Institute of Corrections, the Office of Justice Programs and the Office of Juvenile Justice and Delinquency Prevention. The GAINS Center is operated by Policy Research Associates, Inc. of Delmar, New York in collaboration with the Florida Mental Health Institute (FMHI), the University of Maryland's Center for Behavioral Health, Justice and Public Policy and R.O.W. Sciences, Inc.

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The basic steps for developing a jail diversion program

1. **Designate a lead person** for the planning process.

2. **Identify the key agencies** in the community and the people in those agencies who need to be involved.

- These usually will include police, jail administrators, jail mental health and health service providers, district attorneys and prosecutors, public defenders, local judges and magistrates, probation officers, community mental health and substance abuse treatment programs, housing and social service providers, and consumer and family advocacy groups.

3. **Meet regularly** with all the key players to:

- Define the target group for diversion (e.g., people with serious mental illnesses who have committed non-violent crimes).
- Estimate the size of the target group for diversion.
- Identify the type and amount of services needed for the target group (e.g., screening for 100% of the target group; same-day appointments upon diversion).
- Estimate the cost of needed services and locate funding sources.
- Agree on desired outcomes (e.g., fewer detainees with mental illnesses in the jail; fewer detainees with mental illnesses released without adequate housing; a

reduction in the number of jail days per year).

- Specify measures for these outcomes.

4. **Identify key positions** for the diversion program:

- Create liaison positions.
- Recruit staff who reflect the cultural and racial diversity of program clients.
- Establish a specialized case management program.

5. **Specify the pathways of your diversion process**, using detailed flowcharts as a guide.

6. **Designate specific responsibilities** among participating agencies for each point in the pathway.

7. **Develop a basic management information system** to keep track of where people are in the diversion process. This can be anything from informal 3x5 cards to standardized data entry screens on networked personal computers.

8. **Plan for the collection of basic data** for the management information system and outcome data to justify the program and help obtain future funding.

9. **Communicate regularly** with representatives from all key agencies through continued group meetings.

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